"Case. In the winter of 1829, I was requested by Dr. Price of Sunbury, to consult with him in the case of Michael Hoffman, supposed to be labouring under strangulated hernia. The Doctor had tried the taxis freely, and we both tried it again, having prepared the system by the tobacco enemata. This having failed, we agreed to meet in the afternoon and to bring Dr. Rodrigue to assist at the operation, should it prove necessary.

"We met at the appointed hour and agreed that the operation should be immediately performed. Upon making the usual incision, about six inches long, I was soon surprised with the appearance of a sac, smooth and tense, as though filled with water alone. Upon placing it between my eyes and the setting sun, which shone brilliantly upon us, I saw that the whole contents of the sac were uniform and semi-transparent. I said, *tacete, tacete—hydrocele est*, and immediately plunged the scalpel into the tumour and discharged the water by a large incision. I manipulated and conducted the affair in such a manner, that neither the bystanders nor the patient suspected anything extraordinary. I drew the upper end of the wound together by two stiches and covered the whole with a poultice of bread and milk. He had an easy, rapid recovery, and the hydrocele was radically cured.

"The deception and erroneous diagnosis were not more extraordinay than the history of the case. The man had told Dr. Price precisely as he afterwards told us both, that the whole tumour had suddenly come on that morning upon his lifting a heavy log; and, further, that he had never known it before. Having heard its history from Dr. Price, I made no examination, taking it for hernia on the report of a skilful physician. The tumour was very large, and gave us the idea of a hernia containing much omentum."

The above patient was a man of good character and rational mind, and surely he had no motive to falsify. I have said, above, that "the whole tumour had suddenly come on that morning upon lifting a heavy log;" this was reported to me both by the patient and his physician: but I have to blame myself here for an important deficit—I do not remember making any inquiry, whether the tumefaction was absolutely sudden in the precise manner of a rupture, or whether it was gradual through the space of an hour or two. It could not have been long in forming, for the man had gone out to his day's labour in a short winter's morning; had brought on the disease; had sent two miles for Dr. Price; the Doctor had done all that he could venture to do by the attempted taxis; and, had sent for me more than two miles—all which was done long before midday. The patient's own opinion was that he was ruptured.

Art. X.—*Case of Tubercles in the pericardium, vena cava, columnæ carneæ, pleura, lungs, liver, &c., with Meningitis.* By J. D. Trask, M. D., Brooklyn, New York.

January 2d, 1847. Assisted my friend Dr. J. H. Henry of Bedford, in an examination of a negro boy, æt. 15 years.

History.—No scrofulous taint in his family; had never been stout, and his appetite had always been inordinate. Emaciation had been perceptible for several months, and he frequently suffered from palpitation of the heart. During six months previous to his death, often complained of pain in the head, was drowsy and unwilling to exert himself.

About a month before his death took to the house, complaining of pain in the foot and knee, cough and dyspnœa, which, till the close of life, prevented his assuming a recumbent posture. Expectoration of green, tenacious mucus; diarrhœa for two or three days before death; partially comatose during last twelve hours; at no time any disturbance from light or sound.

Autopsy.—Twelve hours after death. Tenacious green mucus depending from the nostrils; abdomen excessively distended with gas; dulness on percussion over the right side of the chest, the left preternaturally resonant.

Head.—Scalp of average vascularity. Dura mater adherent to arachnoid by numerous points and patches along the whole course of the longitudinal sinuses. The arachnoid at the surface of the hemispheres, opalescent and very firm. Pia mater very much injected, especially where it descended between the convolutions. The surface of the brain, near the course of the longitudinal sinus, presented several patches of a beautiful pink colour. The centrum ovale exhibited rather more than the usual number of vascular points, especially in the anterior portions. The remainder of the brain was natural. No tubercles in the meninges or substance.

Thorax.—Œdema of integuments. Pleura of both lungs adherent almost throughout, except the anterior portion of the right, in the cavity of which there was a pint of serum. The trachea, œsophagus, and base of the heart consolidated into one mass, by adhesions formed between bronchial glands that were immensely hypertrophied and filled with tuberculous matter. Both lungs loaded with tubercles, the superficial portions of each much congested. The large bronchial tubes as far as observed, all filled with green tenacious mucus, so as completely to destroy the function of the lungs.

The pericardium and the surface of the heart, after removal from the body, present extensive deposits of tubercles which increase in size and in number from the apex to the base. At the base the subserous cellular tissue is almost entirely occupied by them, especially that below the portion of pericardium which is reflected for some distance over the origin of the blood-vessels.

The anterior surface of the heart presents very considerable roughness from the effusion of lymph, as well as from tubercles, which occurring in isolated granules (probably from friction against the pericardium) exhibit at first sight somewhat the appearance of tubercles. These, however, may be scraped off with the scalpel. A portion of the diaphragm removed with the pericardium is also loaded with tuberculous matter infiltrated among the muscular fibres; similar deposits are also located in the muscular structure of the œsophagus. There is a tubercle two lines in diameter upon one of the columnæ carneæ, and another of about the same size in the descending cava, at its junction with the vena innominata of the left side.

Fibrous polypi, quite firm and large, are situated among the meshes of the chordæ tendineæ of the right ventricle, and others in the aorta at the seat of its valves, and at the mouth of the pulmonary veins extending some distance along the vessels. These polypi under the microscope presented no trace of vessels, so that their formation could not have preceded death by any very considerable time, although from the obstruction to respiration for several days before this event, circumstances were favourable to their early production.

Abdomen.—Considerable serum flowed from peritoneal sac; stomach and intestines distended to their utmost capacity. Liver exhibited several tubercles, the size of a pea, beneath the serous covering and numerous small ones in its parenchyma.

ART. XI.—*On letting Blood from the Jugular in the Diseases of Children.* By CHAS. C. HILDRETH, M. D., Zanesville, Ohio.

BELIEVING that the letting of blood from the external jugular is too much neglected by most medical men, we have thought that a few observations upon the subject might not be without interest.

Our best authorities agree in advising the use of leeches in the acute inflammations of infancy. But leeches cannot always be had. In fact their use is almost exclusively confined to our cities and larger towns; and hence the great majority of our practitioners are obliged to let blood by other means. My object here is to show the great advantage of selecting the external jugular from which to draw blood in diseases of young children, instead of the veins of the arm or temporal artery.

I would make this operation the rule instead of the exception, in many of the acute affections of children *under two or three years of age;* and also in older subjects, in certain diseases of the brain and trachea. As the head in infancy is larger in proportion to the size of the body than in the adult, so also is the cerebral vascular system more developed, and hence we find the jugulars relatively larger and more prominent in the first years of life. But in what, let us inquire, consists the advantage of opening the jugular, in the diseases of children, over the more general operation of venesection in the arm? In the first place let me endeavour to prove, that this operation is practically more simple, safer, and also more efficacious in the arrest of certain acute diseases. It is more simple, inasmuch as the external jugular in a child, is at least double the size of the veins of the arm, and consequently much more easily found and opened. It is more simple, on account of the more rapid flow of blood from this vein; and also in dispensing with a part of the usual apparatus for bleeding in the arm.

How often is the practitioner vexed and annoyed, in his search after a vein in the arm of a fleshy child? And how often is he still more annoyed in obtaining from it the requisite amount of blood to control the inflammation? These difficulties are very seldom found in letting blood from the jugular. Again, it is the safer operation. True, the opening of any external vein is safe enough, provided we open the vein alone, and not the accompanying artery. But in this lies the danger; and many a child has